

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>01/11/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>6</i>	<i>1-2-4-05</i>
FORMALITY REVIEW	<i>DL</i>	<i>72596</i>	<i>2-9-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	<i>4/4/03</i>
2	<i>✓</i>
3	<i>✓</i>
4	<i>✓</i>
5	<i>✓</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet

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Best Available Copy